

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 02 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P97000076794 (1)
 1. Corporation Name
GLOBAL IMAGE, INC.



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| Principal Place of Business 216 SUMMERWOOD TRAIL MAITLAND FL 32751 | Mailing Address 216 SUMMERWOOD TRAIL MAITLAND FL 32751 |
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DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|--|---|--|--|
| 2. Principal Place of Business 216 Summerwood Trail | | 2a. Mailing Address 216 Summerwood Trail | | 3. Date Incorporated or Qualified 09/03/1997 | |
| 21. City & State Maitland, FL | 26. Suite, Apt. #, etc. TRAIL/26 | 27. City & State Maitland, FL | 28. Suite, Apt. #, etc. TRAIL | 4. FEI Number 59-3469817 | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 22. City & State Maitland, FL | 23. Zip 32751 | 27. City & State Maitland, FL | 28. Zip 32751 | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 24. Country USA | 25. Country USA | 29. Country USA | 30. Country USA | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 9. Name and Address of Current Registered Agent STELLING, ANITA C 216 SUMMERWOOD TRAIL MAITLAND FL 32751 | | | | 10. Name and Address of New Registered Agent | |

| | |
|--------------------------------------|---|
| 81. Name Anita C. Stelling | 82. Street Address (P.O. Box Number is Not Acceptable) 216 Summerwood Trail |
| 83. City Maitland | 84. State FL |
| 85. Zip Code 32751 | |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---------------------------------|---|---|
| TITLE President/CEO/Owner | <input type="checkbox"/> DELETE | 1.1 TITLE President/CEO/Owner | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME Anita Stelling | <input type="checkbox"/> DELETE | 1.2 NAME | |
| STREET ADDRESS 216 Summerwood Trail | <input type="checkbox"/> DELETE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP Maitland, FL-32751 | <input type="checkbox"/> DELETE | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Anita C. Stelling** 3/30/98 407.830-9875

CR2E034 (10/97)